

## LOW DOSE ORAL METHOTREXATE

### What it is

Methotrexate is a well-established, effective treatment for several types of rheumatic disease, including rheumatoid arthritis and psoriatic arthritis, severe psoriasis and bowel diseases such as Crohn's disease.

### What it does

Methotrexate, in doses of 25 mg or less, can reduce inflammation/swelling by suppressing the disease process. In rheumatic disease this helps to reduce swelling and stiffness of joints and reduce permanent damage caused by inflammation; in psoriasis, skin does not thicken as much; in bowel diseases, damage to the bowel is reduced. It is not a painkiller so your doctor will advise if you have to continue with or take other medication. It is also important, if you are a dermatology patient, to continue with creams prescribed by your doctor so that the dose of methotrexate you need can be kept to a minimum.

### Experiencing the benefits of methotrexate

It may be 3 to 12 weeks from taking methotrexate before you experience the benefits of taking this medicine, but it is working during this time (so you need to keep taking the tablets). Rheumatoid disease, psoriasis and some bowel diseases are long-term conditions and you may need to take methotrexate for several years.

### What the tablets look like

Your pharmacist will supply you with yellow tablets in 2.5 mg strength, although the colour may vary depending on the brand your pharmacist is able to obtain. Methotrexate is also made as 10mg strength tablets, which are also yellow, but a different shape. Always check you have been supplied with the 2.5mg strength prescribed by your doctor. Do not take the tablets if you think you have the wrong strength. Check with your doctor or pharmacist as soon as possible.

### Your dose

Your tablets should be taken ONCE A WEEK on the same day each week.

Your doctor will advise you about what dose you should take. Usually you will start on a low dose (eg 5 mg to 15 mg a week). Depending on how well the tablets work for you, the dose you need to take may change. If your dose changes, the number of tablets you should take will change, but you will still only need to take them once a week. Your doctor may recommend that you also take folic acid, a vitamin supplement shown to reduce some of the side effects you may experience.

## Information for patients



**KGH is a non-smoking environment**  
**If you wish to give up please**  
**telephone 0845 601 3116 for advice**

If you wish to make any comments or require a copy of this information in another format or language, please telephone 01536 492510

## How to take methotrexate

You should take your tablets by mouth, with or after food in the evening. Take the tablets with a full glass of water while you are sitting or standing. Swallow the tablets whole and do not crush or chew them.

## Take care

Handle the tablets as little as possible. Store them at room temperature, in a safe place out of the reach of children and pets. If your treatment ends and you have some tablets left over, return them to your pharmacist. Do not flush them down the toilet or throw them away.

## If you are sick

If you are sick within a few hours of taking methotrexate, tell your doctor. You may be told to take another dose or wait until the next dose is due the following week. (Patients who are regularly sick after every dose may be given methotrexate by injection instead.)

## If you miss a dose

If you miss your normal dose of methotrexate, you can take it on one of the two following days. Do not take the dose if you are three or more days late; a flare up of the disease during this time is unlikely. In both cases, take your next dose on your usual day. Make a note in your shared care booklet of the missed dose.

## If you take too many tablets

If you take too many methotrexate tablets, note how many tablets you have taken and call your doctor immediately or go to the nearest hospital casualty department taking the labelled medicine container with you.

## Why you need regular blood tests

It is important that you do not miss your blood test. You must not take methotrexate unless you are having regular blood tests. When you first start treatment, blood tests will be taken weekly. Once the dose is stable and the blood test results are satisfactory, the frequency of your monitoring will be reduced, usually to every 4 weeks. The results tell your doctor how well the methotrexate is working and will also show if you are developing any side effects. If your blood, liver, kidneys or lungs are being affected, your treatment will be changed or stopped. Avoid having tests done directly after taking your dose as this can mask any changes.

When you start taking methotrexate, your doctor will give you a booklet in which your attendance for blood tests and changes to your dose must be recorded. This will help your doctor and pharmacist know that the dose is correct for you and not adversely affecting your body. It will help you to be sure you are taking the correct dose. Always show the booklet to any doctor, nurse, pharmacist or dentist caring for you.

## Possible side effects

Most people benefit from methotrexate, but it can affect your immune system and make you more vulnerable to illness. Occasionally, it can also produce side effects, some immediately and some within a few weeks.

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Immediate side effects (within 48 hours) Tell your doctor if these symptoms persist or occur after every dose:

- Sickness
- Diarrhoea
- Skin rashes

Delayed side effects (within 2 to 3 weeks)

- Mouth ulcers
- Hair loss

Long term side effects (these side effects are rare)

- Inflammation of the lung – if you become breathless or develop a dry, persistent cough, tell your doctor **immediately; this side effect is reversible if treated promptly**
- Bone marrow damage – your regular blood count test will check how well your bone marrow is working. If your bone marrow becomes damaged you might suffer from anaemia, catch infections regularly and bruise or bleed easily.

Your doctor will prescribe folic acid tablets to reduce the likelihood or severity of side effects.

### **Things to tell your doctor immediately**

- Severe and continuing sickness, diarrhoea or stomach pains
- Unexplained skin rash, ulcerations or soreness of skin
- Sore mouth or mouth ulcers
- Yellowing of the skin or generalised itching
- Infections including fever, chills or sore throats
- Bleeding gums, black tarry stools or unexpected bleeding or bruising
- Chest pain, difficulty breathing or a dry, persistent cough
- Vaginal inflammation or ulcers

See your doctor if you develop any new symptoms after starting methotrexate.

### **Chicken pox and shingles**

If you are taking methotrexate and develop chicken pox or shingles, or come into close contact with someone who has chicken pox or shingles, you should stop taking your methotrexate and see your GP urgently.

### **Taking other medicines**

Always check with your doctor or pharmacist before taking any other medicine; always show your booklet to the pharmacist or tell them you are taking methotrexate. This includes medicines you can buy at a garage, newsagent, supermarket or chemist such as aspirin, paracetamol and other painkillers, medicines for coughs, colds and flu AND herbal or alternative medicines. These may contain ingredients that react with methotrexate and affect your treatment.

Also, the symptoms you are trying to treat may be a sign of the methotrexate not working for you as it is meant to. Keep a record of any symptoms in your booklet and discuss them with your doctor.

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Only take non-steroidal anti-inflammatory drugs if your doctor has prescribed them for you. Do not take medicines containing trimethoprim (e.g. Septrin prescribed for infections) or probenecid.

### **Drinking alcohol**

If you drink alcohol you should only drink it in small amounts because alcohol and methotrexate can interact and damage your liver. Your doctor can give you more information and advice about this.

### **Food**

Food made from unpasteurised milk, such as soft cheese, and uncooked meats may be a source of bacteria that could increase your risk of infection. Read food labels carefully and avoid eating these types of food.

### **Fertility, pregnancy and breastfeeding**

Methotrexate can temporarily reduce fertility in men and women. It can also damage an unborn child, so it must not be taken during pregnancy. Women should not breastfeed while taking methotrexate. It is recommended that both men and women wait at least 3 months after finishing treatment before trying to have a baby. You should use effective contraception; talk to your doctor or rheumatology nurse if you need advice.

### **Vaccinations**

It is recommended that you should not be immunised using any of the 'live' vaccines such as polio or rubella (German Measles). You should avoid contact with anyone who has been given a 'live' polio vaccine for 4-6 weeks after vaccination. An 'inactivated' polio vaccine can be given instead to you and to people you are in close contact with. However, yearly 'flu vaccines and Pneumovax are safe and recommended.

For further information see

[http://www.npsa.nhs.uk/site/media/documents/1805\\_PatientInfoLeaflet.pdf](http://www.npsa.nhs.uk/site/media/documents/1805_PatientInfoLeaflet.pdf)

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